Pocketbook of Family Planning and Reproductive Health Indicators for Program Design and Evaluation

Produced by the Population Technical Assistance Project
(POPTECH)
POPTECH is managed by BHM International in collaboration
with The Futures Group International
under USAID contract No. CCP--C-00-93-00011

August 1998

Design: M.C. De Valdenebro

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About the POPTECH Series

POPTECH provides consulting support to USAID on designs and evaluations of USAID-funded population and reproductive health projects. The POPTECH Tool Series is comprised of several analytical "tools" designed to support and enhance the expertise of POPTECH consultants, promote consistency and quality across reports, and provide assistance to the Global Bureau and Mission Staff. These tools include checklists and papers that focus on issues central to the design and evaluation of family planning and reproductive health projects. The Pocketbook of Family Planning and Reproductive Health Indicators for Program Design and Evaluation is the second tool in the series.

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INTRODUCTION

This Pocketbook of Indicators is designed to be a reference for consultants and USAID staff working on project designs or evaluations in the field. Its easy-to-use format and brief discussions of indicators and data sources were designed for technical experts who must quickly familiarize themselves with a project or program or who would like an easy-to-use ready reference.

The Pocketbook includes two sections: 1) a listing of core indicators with definitions and data sources, and 2) a comprehensive list of indicators and data sources intended for reference. The list of core indicators was developed through extensive interviews with experts in the field and draws largely (but not exclusively) from the handbooks of indicators developed by the USAID-funded EVALUATION Project.[1] It is intended as a listing of key indicators that, when viewed together, can provide a good overview of a country program or project performance. The following criteria were considered for inclusion of indicators in this core list: 1) indicators included in The EVALUATION Project short list of indicators; 2) indicators widely used by

[1] *Bertrand, J., R. Magnani, and J. Knowles. 1994. Handbook of Indicators for Family Planning Program Evaluation. The EVALUATION Project, University of North Carolina at Chapel Hill, Chapel Hill, NC. and*
Bertrand, J., and A. Tsui. 1995. Indicators for Reproductive Health Program Evaluation. The EVALUATION Project, University of North Carolina at Chapel Hill, Chapel Hill, NC.

reproductive health and family planning experts; and 3) indicators that are readily available—observable, manageable, and reasonable to collect. The second section includes a comprehensive list of illustrative indicators developed to provide a useful reference for experts developing project designs or evaluations.

The Pocketbook is designed to be used in conjunction with the handbooks of indicators for family planning and reproductive health programs developed by The EVALUATION Project. The reader is referred to these handbooks for extensive discussion on indicators and evaluation methodology.

A. Use of Indicators in the Evaluation Process

Indicators provide a snapshot of different aspects of family planning and reproductive health programs at a given point in time. They can quickly signal program weaknesses and strengths. In order for indicators to be most useful, they must meet several criteria. Indicators must be:

Valid - the indicator must accurately measure what it is supposed to measure.

Plausibly associated - the indicator must be clearly linked to an intervention such that a change in the indicator can be assumed to be attributed to that intervention.

Easily accessible - the indicator must be

routinely collected and easily available to the consultant.

Timely - the data used for the indicator must be recent.

Reliable - both the data and the calculation of the indicator must be reliable and correct.

B. Data Sources

The indicators included in this Pocketbook draw upon several sources of data:

- Government offices and institutions (census, vital statistics, official policy documents, surveys);
- Independent organizations (surveys, qualitative and quantitative studies, management audits, project reviews); and
- National family planning and reproductive health programs (service statistics, administrative records, special studies).

C. Evaluation Framework

The Conceptual Model for Evaluation of Family Planning and Reproductive Health, Figure 1 on page 5, displays causal links between key family planning and reproductive health program components. It is a simplified version of the Evaluation Framework developed by The EVALUATION Project. The model can be used to better understand how performance in one program area can influence performance in other areas.

The conceptual model includes four types of indicators:

Inputs - human and financial resources, physical facilities, and equipment.

Process - what is done and how well it is done; i.e., the multiple activities that are implemented to achieve the objectives of the program.

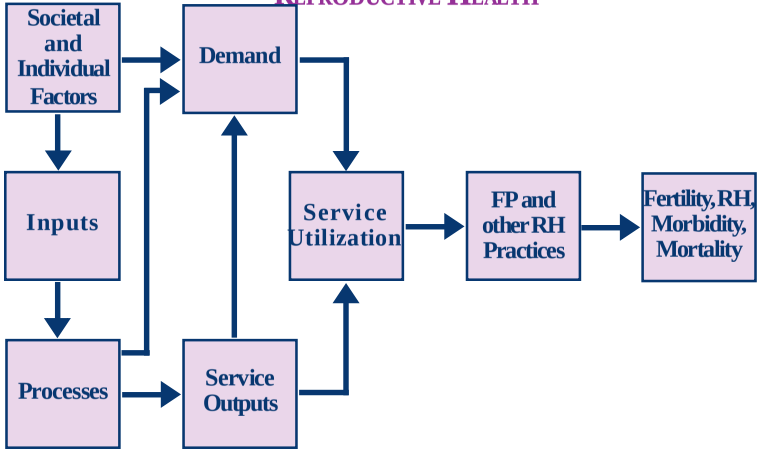
Outputs - the results of these efforts at the program level. Two types of output are 1) service outputs (e.g., access and quality of care), which measure the adequacy of the family planning service delivery system, and 2) service utilization, which measures the extent to which the services are used.

Outcome - the effect that the program has on the larger social system, usually the general population of a given target area (e.g., the population of a specific country). It can also refer to a smaller area (e.g., the catchment area for a demonstration project), provided that the data are drawn from a random sample of that population. Within the category of population-based evaluation, it is important to distinguish between two kinds of outcome: intermediate and ultimate (long-term).

Intermediate outcome - a relatively direct and immediate result of program process and output (e.g., contraceptive prevalence).

Long-term outcome - an anticipated result of program process and output in the long-term (e.g., change in fertility rates), which can also be subject to the influence of many non-program factors (such as socioeconomic conditions or status of

FIGURE 1: CONCEPTUAL MODEL FOR EVALUATION OF FAMILY PLANNING AND REPRODUCTIVE HEALTH



Indicators to Measure Program Inputs

Percent of public sector resources provided by donors

Data Source: Administrative and program records.

The total annual donor contribution—including financial and human resources—to the public sector program divided by the total annual cost of the public sector program. Multiple year observations enable an evaluation of trends in donor inputs.

Indicators to Measure Demand

Mean desired family size

Data Source: Survey data.

The average number of children that women (or couples) of reproductive age would choose to have if they could have exactly the number they desire.

This indicator can also be analyzed by age cohort, if data permits, to provide useful information about future demand.

Wanted birth rate

Data Source: Survey data.

The proportion of births occurring during a specified time period that were wanted. Conversely, one can calculate the proportion of births that were unwanted.

Births are classified as "wanted" when respondents report having desired a child (or additional children) at the time of becoming pregnant with the referenced birth.

"Unwanted" births are those for which respondents report having not desired a child or additional children at the time of becoming pregnant.

Demand for limiting or spacing (of the next birth)

Data Source: Survey data.

The number or proportion of women currently married or in union who are fecund

and who either desire not to have additional children (limit) or want to delay the birth of their next child for a specified length of time (space) (e.g., for two years from the date of a survey).

"Demand for limiting" is calculated as

$$\mathbf{D_L = C_L + U_L + F_L}$$

where:

D_L = the number or proportion of women currently married or in union with a demand for limiting;

C_L = the number or proportion of women currently married or in union desiring no additional children who are currently using a contraceptive method (i.e., met demand for limiting);

U_L = the number or proportion of fecund women currently married or in union who desire no additional children but are not currently using a contraceptive method, plus the number of currently pregnant or amenorrheic women currently married or in union whose current/last pregnancy was unwanted and occurred while not using a contraceptive method (i.e., unmet demand for limiting); and

F_L = the number or proportion of currently pregnant or amenorrheic women married or in union whose current/last pregnancy resulted from contraceptive failure.

Either the number or proportion can be used for this indicator; however, it must be consistent throughout the equation.

Note: The calculation for the indicator to measure "demand for spacing" is analogous, substituting spacing "$_S$" for limiting "$_L$".

This indicator is calculated in most Demographic and Health Surveys (DHS).

UNMET NEED FOR FAMILY PLANNING

Source: Survey data.

The number or proportion of women currently married or in union who are fecund and who desire to either terminate or postpone childbearing, but are not currently using a contraceptive method. The total number of women with an unmet need for family planning includes 1) those with an unmet need for limiting, and 2) those with an unmet need for spacing.

Women with an unmet need for limiting are those who desire no additional children and are not currently using a contraceptive method.

Women with an unmet need for spacing are those who desire to postpone their next birth by a specified length of time (e.g., for at least two years from the date of a survey) and are not currently using a contraceptive method.

The indicator is calculated as

$$\mathbf{U = U_L + U_S}$$

where:

U = the number or proportion of women with unmet need for family planning,

$\mathbf{U_L}$ = the number or proportion of women with an unmet need for limiting, and

Indicators to Measure Program Processes and Outputs

Policy

Existence of a population and/or reproductive health policy (including any of the following elements: family planning, safe pregnancy, postabortion care, women's nutrition, breastfeeding, adolescent needs)

Data Source: Official government documents.

This is a qualitative (yes/no) indicator. A "yes" value is assigned if a formal population and/or reproductive health policy: 1) has been officially adopted, disseminated, and implemented; 2) addresses the problem(s) of high fertility, closely spaced births, unsafe pregnancy, postabortion care, women's nutrition, and/or breastfeeding; and 3) endorses family planning and reproductive health care as important steps to address such problems. A formal population and/or reproductive health policy, which is either a written document or part of one, is an official government statement that establishes goals and (in some cases) targets for the population and/or health sector and includes a strategy to attain them.

Quality of family planning policy and program leadership

Data Source: Observation by experts.

This indicator should be based on an index of the performance of program directors as managers,

responsible for such dimensions of performance as experience, continuity, commitment, technical skills, ability to motivate other program managers and staff, ability to mobilize domestic resources and support from other ministries, ability to communicate program achievements and needs to the public, ability to work within the bureaucracy, ability to work effectively with donors, and ability to plan strategically.

This indicator is subjective and may be influenced by program outcome (e.g., whether the program has been successful or not). However, the policy development literature cites quality of program leadership as one of the most important factors in the policy environment affecting program success or failure (Finkle and Ness, 1985; Ickis, 1987; Lapham and Simmons, 1987).

EXISTENCE OF POLICIES, PROGRAMS, OR LAWS FAVORABLE TO ADOLESCENT REPRODUCTIVE HEALTH

Data Source: Official government documents.

This is a qualitative (yes/no) indicator. A "yes" value is assigned if any government policies, programs, or laws that are favorable to adolescent reproductive health services exist. Such policies or laws may forbid restrictions on services based on age, or require physicians to provide services to all clients regardless of age or marital status, etc.

EXISTENCE OF SERVICE AND ADMINISTRATIVE POLICY ON THE ELEMENTS OF POSTABORTION CARE

Data Source: Official government documents; administrative and program records.

This indicator relates to the existence of

functional/operational policies within health systems for the provision of postabortion care and related services. The first question to ask is this: what level of restriction exists, if any, on induced abortion at the national level? The answer to this question provides an indication of the climate in which women seek access to abortion-related services.

Existence of a population and/or reproductive health strategic or operational plan (including any of the following elements: family planning, safe pregnancy, postabortion care, women's nutrition, breastfeeding, adolescent needs)

Data Source: Administrative and program records.

This is a qualitative (yes/no) indicator. A "yes" value is assigned if a long-term plan exists at the national level that 1) defines the objectives of the national family planning and/or reproductive health program over a 5- to 10-year period, including quantitative goals; 2) defines a clear strategy for attaining these objectives; 3) establishes an organizational structure for the program that is consistent with the strategy, covering both the public and private sectors; and 4) projects the resources (material, human, and financial) required to implement the strategy, and sets forth a plan to secure them.

Absence of unwarranted restrictions on providers

Data Source: Official government documents; special study.

This indicator has a maximum value of five points. One point is given for each of the following conditions: 1) appropriately qualified and trained paramedical personnel are permitted to prescribe oral contraceptives, administer injections, and insert IUDs; 2) appropriately trained community-based distribution (CBD) workers are allowed to resupply oral contraceptives; 3) pharmacies are permitted to dispense oral contraceptives without a prescription and to administer injectables (if permitted to administer other types of injections); 4) properly trained and equipped general practitioners are permitted to perform sterilizations and to insert and remove implants; and 5) properly trained and equipped physicians are permitted to perform abortions on demand.

Absence of Unwarranted Restrictions on Users

Data Source: Official government documents; special study.

This indicator has a maximum value of four points. One point is given for each of the following conditions: 1) medically unwarranted restrictions on the use of any contraceptive are not imposed on acceptors (e.g., age, sex, marital status, number of surviving children, gender of surviving children, spousal consent, unwarranted medical contraindications); 2)

medically unnecessary tests are not required of acceptors or of continuing users; 3) continuing users of oral contraceptives are given at least a three-month resupply with each visit; and 4) abortion is legal and openly available.

Management

Realization of operational targets

Data Source: Administrative and program records.

Achievement of the program's operational planning targets over a defined reference period (e.g., the past two to three years). This includes assurance that sufficient materials (supplies and contraceptives) are in place to enable quality provision of services.

Awareness of current financial position

Data Source: Administrative and program records.

This indicator signifies that management can provide current information on amounts budgeted and expended for major budget line items.

Adequacy of staffing

Data Source: Administrative and program records; observation by experts.

All staff positions identified in the program staffing plan (except for a small number of temporary vacancies) are filled by personnel who have the qualifications and competencies required for the position as stated in the position description. "Competency" refers to the fact that staff have sufficient skills to carry out the functions or activities called for by a given position.

AWARENESS OF UNIT COST (AVERAGE COST) PER SERVICE

Data Source: Administrative and program records; observation by experts.

The first step in determining the average cost per service is to define the unit of service. For example, unit of service may be defined as CYP or consultation. How the unit of service is defined depends upon the objectives of the costing exercise. The second step is determining which costs to include. There are two types of costs: direct and indirect. Direct costs are those which can be explicitly identified with the service, such as the staff time of the nurse or physician used to provide the service, supplies, and contraceptives. Indirect costs include the costs of functions which often support several services, such as building maintenance, supervision costs, training costs, or IEC costs. Indirect costs must be allocated among the

$$\text{Average cost per service} = \frac{\text{Total cost of service}}{\text{Number of services}}$$

services they support. The decision concerning which costs to include is also based on the objectives of the exercise and the availability of cost information.

Once the financial objective, the service unit, and the costs are defined and collected, the average cost per service can be calculated as

Training

Existence of training plan

Data Source: Official government documents.

Indicates the existence of a training plan for various levels of workers to achieve the needed skill mix for the program.

Existence of competency-based curricula (pre- and in-service)

Data Source: Observation by experts.

Indicates the existence of a written course curriculum for different types of students (medicine, nursing, midwifery, other paramedical) and family planning/reproductive health staff in the program (physicians, nurses, midwives, other paramedical staff, trained birth attendant/community-based service [TBA/CBS] volunteers) to impart knowledge and skills for service delivery. These curricula are competency-based, meaning that the trainee can deliver service according to a set standard that includes both knowledge and skill acquisition.

Number/percentage of trained providers assessed to be competent at a specific period (e.g., six months) post-training

Data Source: Special study.

"Trained providers" refers to individuals who have participated in one or more training events. "Competent" means that the trainee can deliver the service according to the training context. Thus, the evaluator must know the

standard of the context. "Competent" is used by training organizations in reference to the acquisition of skills; however, since knowledge is generally a necessary part of acquiring a skill, the term "competency" covers both knowledge and skills. Examples of services requiring competency are IUD insertion, NORPLANT® implant insertion and removal, breastfeeding counseling, and adolescent reproductive health services.

EXISTENCE OF TRAINING INFORMATION SYSTEM THAT TRACKS BY TYPE OF WORKER, TRAINING RECEIVED, AND LOCATION OF WORKER

Data Source: Observation by experts.

Indicates the existence of a training information system that tracks the type of worker, the kind of training they received, and their location in the system or the SDP at which they are providing services.

COMMODITIES AND LOGISTICS

PROGRAM HAS BASIC ELEMENTS OF LMIS SYSTEM

Data Source: Service statistics; MIS.

Indicates the existence of a functioning Logistics Management Information System (LMIS) that includes the following basic elements: beginning inventory, supplies received, supplies issued, ending inventory, and losses.

FREQUENCY OF STOCK OUTS

Data Source: Service statistics; MIS.

The percentage of SDPs that experienced a stock out of any method/brand during the past 12 months or a given time period.

Percentage of SDPs stocked with condoms and educational materials

Data Source: Service statistics; MIS.

The percentage of SDPs that have sufficient quantities of condoms and educational materials (and/or other STD/HIV prevention materials) to meet their current needs.

Information, Education, and Communication

Number of contraceptive methods known

Data Source: Survey data.

The number of contraceptive methods that a survey respondent is able to spontaneously mention or is able to recognize when prompted by the interviewer.

Research and Evaluation

Use of research and evaluation results for program modification

Data Source: Administrative and program records.

Research and evaluation findings play a significant role in decisions regarding program policies, strategies, operational procedures, etc., within a given period.

Extent of use of a service statistics system

Data Source: Administrative and program records.

A service statistics system is routinely used by program staff for program management

decision-making, supervision, and program evaluation purposes.

Access

Percentage of population who know of at least one source of family planning or reproductive health service or supply

Data Source: Survey data.

The percentage of the target population who can spontaneously name one or more specific location(s) or source(s) of information and services for family planning and reproductive health in the community. Sources of information may be informal (parents, peers, other adults, media) or targeted (education, print materials, special programs). Services should be differentiated: medical (clinics, hospitals), counseling (institution-based, hotline, etc.), and distribution centers (pharmacies, automatic dispensers, CBDs).

Number of family planning SDPs located within a fixed distance or travel time of a given location (i.e., service density)

Data Source: Administrative and program records; survey data; service statistics; MIS.

The number of different family planning SDPs that are located within a specified distance (e.g., 30 kms) or travel time (e.g., two hours) from a given reference location (e.g., a community). This indicator can be tailored to target a specific group, such as residence (e.g., urban or rural).

NUMBER, TYPE, AND GEOGRAPHIC DISTRIBUTION OF SDPS THAT HAVE COMMODITIES, EQUIPMENT, AND TRANSPORT FOR POSTABORTION CARE

Data Source: Administrative and program records; survey data; service statistics; MIS.

The number of service delivery facilities categorized by type of facility and location that have the following required commodities, equipment, and transport to offer postabortion care:

- Sufficient quantity of uterine evacuation equipment for the projected caseload;
- Essential drugs;
- Anesthetic equipment;
- Laboratory equipment and reagents for microscopy, culture, and basic hematology;
- Blood or blood substitutes;
- Blood collection, transfusion, and storage equipment;
- Standard laparotomy equipment;
- Pregnancy tests;
- Ambulance;
- Full range of contraceptives;
- Supplies for decontaminating, high-level disinfecting or sterilizing, and storing all instruments; and
- Proper protocols for waste disposal and supplies (drum incinerator, etc.).

NUMBER OF FACILITIES PROVIDING ESSENTIAL

OBSTETRIC FUNCTIONS (EOF) PER 500,000 POPULATION

Data Source: Administrative and program records; service statistics; MIS.

The number of facilities providing at least one of the following elements of obstetric care in the six months prior to the time of data collection:

AT THE HEALTH CENTER LEVEL:

- Parenteral antibiotics,
- Parenteral oxytocic drugs,
- Parenteral sedatives for eclampsia,
- Manual removal of placenta, and
- Manual removal of retained products.

AT THE DISTRICT LEVEL, THE SERVICES SHOULD INCLUDE THOSE LISTED ABOVE PLUS:

- Anesthesia,

$$\text{Cost} = \frac{\text{Out-of-pocket costs for one-month supply}}{\text{Monthly wage}}$$

- Surgery, and
- Blood transfusion.

COST OF ONE-MONTH SUPPLY OF A CONTRACEPTIVE METHOD AS A PERCENTAGE OF MONTHLY WAGE

Data Source: Service statistics; special study.

"Cost" for this indicator refers to out-of-pocket expenses for contraceptive supplies and services. Other "costs," such as opportunity costs, travel expenses, and child care costs,

are relevant to a woman's decision to seek services; however, they are not considered in the calculation of this indicator.

This indicator is calculated as

QUALITY

NUMBER OF CONTRACEPTIVE METHODS AVAILABLE AT A SPECIFIC SDP

Data Source: Observation by experts; special study.

"Number available" refers to those methods observable at a given SDP that a trained provider is available to administer (e.g., IUD insertion, tubal ligation). This indicator should be stated in aggregate terms.

PERCENTAGE OF COUNSELING SESSIONS WITH NEW ACCEPTORS IN WHICH PROVIDER DISCUSSES ALL METHODS

Data Source: Observation by experts; special study.

"All methods" refers to those that are available at the SDP and appropriate to the specific client (in terms of reproductive intentions and possible contraindications).

PERCENTAGE OF COUNSELING SESSIONS DURING WHICH NEW ACCEPTOR RECEIVES FULL INFORMATION ON SELECTED METHOD

Data Source: Observation by experts; special study.

"Full information" refers to effectiveness rates, instructions on use, common side effects and their management, danger signs of specific methods, and special instructions (e.g., for oral contraceptives: missed pill instructions, prescription drug effects, and interactions).

(Note: These messages should be repeated and reinforced both orally and with written material).

PERCENTAGE OF CLIENTS PROPERLY SCREENED FOR CONTRAINDICATIONS

Data Source: Observation by experts; special study.

"Properly screened" refers to conducting a medical history and physical assessment as necessary to detect contraindications for methods available in the SDP. (Note: The list of contraindications in the national or institutional clinical standards and norms for service delivery should be regularly updated according to World Health Organization [WHO] and other internationally acceptable guidelines).

PERCENTAGE OF CLIENT VISITS DURING WHICH PROVIDER DEMONSTRATES SKILL AT CLINICAL PROCEDURES, INCLUDING ASEPSIS

Data Source: Observation by experts; special study.

$$\text{RTI screen} = \frac{\text{Number of IUD clients screened appropriately}}{\text{All clients receiving IUDs}} \times 100$$

The assessment of "skill" should be based on adherence to guidelines for service delivery established at the national and/or institutional level. The specific "clinical procedures" to be included must be identified by those doing the assessment (e.g., IUD insertion, pelvic exam, Pap smear specimen collection).

PERCENTAGE OF CLIENTS SCREENED APPROPRIATELY

FOR RTIS BEFORE IUD INSERTION

Data Source: Administrative or program records; observation by experts.

This indicator is defined as the number of clients screened for RTIs according to acceptable standards before receiving IUDs, as a percentage of all clients receiving IUDs.

This indicator is calculated as

PERCENTAGE OF CLIENTS INFORMED OF TIMING AND SOURCES FOR RESUPPLY/REVISIT

Data Source: Observation by experts; special study.

Clients need to know: 1) when to return; 2) where to return (if other than same SDP); and 3) where to obtain resupply (if other than same SDP, especially if alternative sites are more convenient).

PERCENTAGE OF CLIENTS CORRECTLY TREATED FOR STDS

Data Source: Observation by experts; special study.

This indicator is calculated as the percentage of clients with STDs and HIV/AIDS who are correctly diagnosed and treated according to country or clinic standard treatment guidelines. The indicators are expressed as the following ratios:

STD Management: Number of individuals presenting with a specific STD in health facilities who are assessed and treated in an appropriate way (according to national or clinic standards) divided by the number of individuals presenting with a specific STD in health facilities.

STD Education: Number of individuals seeking STD care in health facilities who have received appropriate advice on medication use, condom use, and partner referral divided by the number of individuals seeking STD care in health facilities.

Service Utilization

Extent of commercial sector participation—source mix

Data Source: Survey data.

The percentage of modern-method contraceptive prevalence that is accounted for by the commercial sector.

Couple-years of protection (CYP)

Data Source: Service statistics.

The estimated contraceptive protection from pregnancy provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed over all methods to obtain a total CYP figure.

The conversion factors currently in use in the USAID system are the following conversions recommended by USAID in 1997:

METHOD:

Oral contraceptives:	1 CYP per 15 cycles
Cu "T" 380-A IUD:	3.5 CYP per IUD inserted
NORPLANT® (implant):	3.5 CYP per implant
Condoms:	1 CYP per 120 units
Vaginal foaming tablets (Conceptrol, Neo-Sampoon):	1 CYP per 120 tablets
Sterilization (male or female):	8 CYP per procedure (Africa), 10 CYP (Asia), 10 CYP (LAC), and 8 CYP (NA/NE)
Depo-Provera® (injectable):	1 CYP per 4 doses (ml)
Noristerat (injectable):	1 CYP per 6 doses
Cyclofem (monthly injectable):	1 CYP per 12 doses
Natural Family Planning (NFP):	1 CYP per 2 trained, confirmed adopters
Lactational Amenorrhea Method (LAM):	1 CYP per 4 active users
Diaphragm:	1 CYP per diaphragm

NUMBER OF ACCEPTORS NEW TO MODERN CONTRACEPTION

Data Source: Service statistics; MIS.

The number of persons who accept for the first time in their lives any (program) method of contraception, to be reported for a defined reference period (e.g., one year).

NUMBER OF VISITS TO SERVICE DELIVERY

Indicators to Measure Family Planning/Reproductive Health (FP/RH) Outcomes

Contraceptive prevalence rate (CPR)

Data Source: Survey data.

The proportion of women of reproductive age who are using (or whose partners are using) a contraceptive method at a particular point in time, often reported for women married or in sexual union.

This indicator is calculated as

CPR = U/P

where:

U = the number of women using a contraceptive method at a given point in time (or whose partners are using a contraceptive method); and

P = the number of women of reproductive age.

Depending on the country context, women of reproductive age currently married or in union could be used instead of all women of reproductive age to calculate this indicator; however, one or the other must be used consistently throughout the equation.

Contraceptive method mix

Data Source: Survey data; service statistics; MIS.

The percentage distribution of contraceptive users by method.

CONTINUATION RATE

Data Source: Survey data; special study.

The probability that an acceptor of a contraceptive method will still be using some contraceptive method after a specified period of time (e.g., one year). This is known as the "all-method" continuation rate (Jejeebhoy, 1989; United Nations, 1991).

AGE-SPECIFIC FERTILITY RATE (ASFR)

Data Source: Survey data; service statistics; population census.

The number of births occurring during a given year or reference period per 1,000 women of reproductive age classified in single- or five-year age groups.

The ASFR is calculated as

$$ASFR_a = (B_a / E_a) \times 1{,}000$$

where:

B_a = number of births to women in age group *a* in a given year or reference period, and

E_a = number of person-years of exposure in age group *a* during the specified reference period.

TOTAL FERTILITY RATE (TFR)

Data Source: Survey data; service statistics; population census.

The number of children that would be born per woman (or per 1,000 women) if she (they) were to pass through the childbearing years bearing children according to a current

schedule of age-specific fertility rates.

The TFR is calculated as

TFR = åASFR$_a$ (for single-year age groups)

or

TFR = 5åASFR$_a$ (for five-year age groups)

where:

ASFR$_a$ = age-specific fertility rate for women in age group *a* (expressed as a rate per woman).

MEDIAN LENGTH OF BIRTH INTERVALS

Data Source: Survey data; administrative and program records; service statistics; MIS.

Open Interval Measure: the median number of months between a specified reference date (e.g., the date of a survey) and the last birth among women with one or more births.

Closed Interval Measure: the median number of months separating successive births among women with two or more births.

PERINATAL MORTALITY RATE (PMR)

Data Source: Administrative and program records.

Number of perinatal deaths per 1,000 total births. A *perinatal death* is the death of a fetus of 28 weeks or more of gestation or

$$\text{PMR} = \frac{\text{Number of perinatal deaths}}{\text{Total number of births}} \times$$

the death of a live newborn within the first seven days of life. Total births include fetal deaths from 28 weeks gestation plus the number of live births (i.e., all births after 28 weeks of gestation).

This indicator is calculated as

MATERNAL MORTALITY RATIO AND RATE (MMR)

Data Source: Survey data; administrative and program records; service statistics.

A maternal death is the death of a woman who is currently pregnant or who has been pregnant in the last six weeks.[2] The outcome of the pregnancy (live birth, still birth, miscarriage, induced abortion, ectopic, or molar pregnancy) is not relevant. Rather, the cause of death is relevant; it is considered a maternal death if it is caused directly by the pregnancy (including those deaths that result from treatment of complications) or if the pregnancy aggravates another condition.

$$\text{MMRatio} = \frac{\text{All maternal deaths occurring in one year}}{\text{Number of live births occurring in the same}} \times 100{,}000$$

[2] *Sometimes the last 3 or 12 months is used instead.*

"Accidental and incidental deaths" are generally not included (e.g., traffic accidents or deaths from conditions such as cancer that

$$\text{MMRate} = \frac{\text{All maternal deaths occurring in one year}}{\text{Number of women of}} \times 100{,}000$$

are unrelated to the pregnancy).

Maternal Mortality Ratio: the number of maternal deaths per 100,000 live births. Sometimes 1,000 or 10,000 live births is used.

This indicator is calculated as

Maternal Mortality Rate: the number of maternal deaths per 100,000 women of reproductive age, defined as 15-49 years old.[3]

Abortion ratio

Data Source: Survey data; administrative and program records; service statistics.

The abortion ratio is the estimated number of abortions per live birth or pregnancy in a given time period, usually one year. Sometimes 100 or 1,000 live births is used as

[3] Women of reproductive age have been variously defined as women between the ages of 15-44, 10-44, 15-49, and 10-49 years old.

[4] The abortion rate is the number of induced abortions occurring in a given year per 1,000 female population of reproductive age (15-49).

a constant. It is thus a ratio per birth or a risk per pregnancy. The abortion ratio should not be confused with the abortion rate.[4]

The abortion ratio is calculated as

Abortion Ratio = (A/LB)

where:

A = number of abortions in a given year or reference period, and

LB = number of live births occurring in the same reference period.

PERCENTAGE OF WOMEN WITH ANEMIA

Data Source: Population-based surveys or surveillance.

Anemia is defined as a hemoglobin concentration that is below normal, usually defined as two standard deviations below the median hemoglobin values observed for a reference population of healthy individuals of

$$\frac{\text{Number of pregnant women attended by trained personnel}}{\text{Number of pregnant}} \times$$

the same gender, age, and physiological status.

PROPORTION OF WOMEN ATTENDED TO AT LEAST ONCE DURING PREGNANCY BY TRAINED PERSONNEL FOR REASONS RELATED TO THE PREGNANCY

Data Source: Survey data; service statistics.

The proportion of pregnant women seen at least once during their pregnancy by a doctor

or other person with midwifery skills for reasons related to the pregnancy.

This indicator is calculated as

$$\frac{\text{Number of mothers who report breastfeeding within one hour of birth}}{\text{Number of mothers with children less than 24 months of age}}$$

PERCENTAGE OF PREGNANT WOMEN RECEIVING AT LEAST TWO DOSES OF TETANUS TOXOID IMMUNIZATION

Data Source: Administrative and program records; survey data; service statistics; MIS.

The proportion of pregnant women who have received at least two doses of tetanus toxoid vaccine in a defined area during a defined time period.

$$\frac{\text{Number of infants aged <120 days given only breast milk}}{\text{Number of infants aged <120}}$$

PERCENTAGE OF INFANTS/CHILDREN LESS THAN 24 MONTHS WHO WERE BREASTFED WITHIN ONE HOUR OF BIRTH

Data Source: Survey data; special study.

This indicator is calculated as

EXCLUSIVE BREASTFEEDING RATE FOR INFANTS UP TO EXACT AGE FOUR

Number of infants in the survey aged 180-299 days who are receiving complementary foods in addition to breast milk

Number of infants in the survey aged 180-299 days

MONTHS

Data Source: Survey data; special study.

Exclusive breastfeeding means that infants are given only breast milk (i.e., no water, no other liquids, no bottles, and no food).

This indicator is calculated as

PERCENT OF INFANTS BETWEEN 6 AND 10 MONTHS (180-299 DAYS) WHO ARE BEING FED COMPLEMENTARY FOODS IN ADDITION TO BREAST MILK (GIVEN BREAST MILK AND ALSO SEMI-SOLID FOODS, WATER, MILKS, AND/OR OTHER LIQUIDS)

Data Source: Survey data; special study.

This indicator is calculated as

PERCENTAGE OF ADOLESCENTS WHO USED PROTECTION AT FIRST/MOST RECENT INTERCOURSE

Data Source: Survey data; special study.

[5] *This measure can be further specified to record the proportion with "dual protection" (e.g., use of a single method that provides protection against both STDs and pregnancy, or concurrent use of one method for STD prevention and another to avoid pregnancy).*

The percentage of adolescents (age to be defined by program or researcher) who state that they used a contraceptive method the first time they had sexual intercourse, and/or the percentage of sexually active unmarried adolescents who state that they used a contraceptive method the last time they had sexual intercourse.[5]

It should be noted that this indicator is intended as a proxy for contraceptive prevalence in the adolescent age group. Because most adolescents are not in stable unions and sexual activity is often sporadic, it is difficult to obtain accurate figures for contraceptive prevalence.

STD PREVALENCE IN A DEFINED TARGET POPULATION

Data Source: Survey data; special study; administrative or program records.

The number of persons diagnosed with a specific sexually transmitted disease or syndrome at a given point in time per 100,000 persons in the population, or population subgroup (defined by gender, age, or place of residence).

This indicator is calculated as

STD = (N/Pop) x 100,000

where:

N = number of persons diagnosed with STD infections (e.g., urethritis, genital ulcer disease, syphilis, gonorrhea, chlamydia), identified by syndromic signs or

symptoms, or etiologic (serology/culture) methods; and

Pop = number of population group screened or covered by case reports.

The multiplier of 100,000 is used in conformity with standard methods of presenting data on relatively rare diseases. It is also possible to present STD prevalence in percentages, if so desired, by changing the multiplier to 100.

Percentage of adults practicing low-risk behavior for STD/HIV

Data Source: Survey data; special study.

The percentage of the adult population whose sexual behavior and/or condom use places them at low risk of infection. This can be ascertained from survey questions that ask about the number of sexual partners in a given time period and about consistent condom use.

Percent of target population that know how to prevent STD/HIV transmission

Data Source: Survey data.

The percentage of the target population who can correctly identify three of the following means of self-protection from STD/HIV infection: consistent condom use; the reduction of partners, especially high-risk partners; and monogamy.

Sustainability

Self-sufficiency ratio

Data Source: Administrative and program records.

This is the percent of an organization's total expenses that are paid for by locally generated income. Local government funding is included in local income because an organization's efforts to obtain this funding shows a capacity for doing so in the future.

The indicator is calculated as

$$\text{Self-sufficiency ratio} = \frac{\text{Local income}}{\text{Total expenses}} \times 100$$

APPENDIX

This section presents indicators from family planning and reproductive health handbooks for program evaluation compiled by the USAID-funded EVALUATION Project. This comprehensive list is to be used as a reference for experts conducting project designs or evaluations. Each indicator also briefly lists data sources.

INDICATOR LOCATION KEY:

I. Handbook of Indicators for Family Planning Program Evaluation (Indicators Numbered 1-110)

II. Indicators for Reproductive Health Program Evaluation:

- Final Report of the Subcommittee on Adolescents (Indicators Numbered 111-161)
- Final Report of the Subcommittee on Breastfeeding (Indicators Numbered 162-204)

- Final Report of the Subcommittee on Safe Pregnancy (Indicators Numbered 205- 271)
- Final Report of the Subcommittee on STD/ HIV (Indicators Numbered 272-302)
- Final Report of the Subcommittee on Women's Nutrition (Indicators Numbered 303-333)

Some Core Indicators are not included in the handbooks. Each indicator with an asterix represents a core indicator that is not included in the handbooks. Each indicator in **BOLD** represents an indicator that is contained within this "Pocketbook."

List of Indicators

I. Handbook of indicators for family planning program evaluation

A. Input/policy environment

1. Existence of a policy development plan: official government documents
2. Number of appropriately disseminated policy analyses: administrative and program records
3. Number of awareness-raising events targeted to leaders: administrative and program records
4. **Existence of a strategic plan for expanding the national family planning program: administrative and program records (p. 12)**

5. Integration of demographic data into development planning: official government documents
6. Number of statements of leaders in support of family planning: official government documents; observation by experts
7. Formal population policy addressing fertility and family planning: official government documents (p. 10)
8. National family planning coordination: official government documents
9. Level of the family planning program within the government administration: official government documents
10. Levels of import duties and other taxes: official government documents
11. Restrictions on advertising of contraceptives in the mass media: official government documents
12. Absence of unwarranted restrictions on providers: official government documents; special study (p. 12)
13. Absence of unwarranted restrictions on users: official government documents; special study (p. 13)
14. Public sector resources devoted to family planning as a percentage of GDP: official government documents
15. Quality of program leadership: observation by experts (p. 10)
16. Extent of commercial sector participation: survey data (p.24)
17. Percent of public sector resources

provided by donors*: administrative and program records (p. 6)

B. Service delivery operations

1. Management

18. Existence of a clear mission that contributes to the achievement of program goals: official government documents; administrative and program records

19. Realization of operational targets: administrative and program records (p. 14)

20. Clearly defined organizational structure: administrative and program records

21. Adequacy of staffing: administrative and program records; experts' observation (p.14)

22. Awareness of current financial position: administrative and program records (p. 14)

23. Awareness of unit cost per service*: special study (p. 14)

24. Access to current information on key areas of program functioning: administrative and program records

25. Access to current information on program progress: program documents

26. Capacity to track commodities: administrative and program records

2. Training

27. Existence of training plan*: official government documents (p. 15)

28. Number/Percentage of courses that achieve learning objectives: administrative

and program records

29. Number/Percentage of courses that contribute to the achievement of program training objectives: administrative and program records
30. Number/Percentage of courses where training methodology is appropriate for the transfer of skills and knowledge: administrative and program records
31. Number of trainees by type: administrative and program records
32. Number/Percentage of trainees who have mastered relevant knowledge: administrative and program records
33. Number/Percentage of trainees competent to provide a specific family planning service: administrative and program records
34. **Number/Percentage of trained providers assessed to be competent at a specific period post-training: special study (p. 16)**
35. Number/Percentage of trainees who apply the skills to their subsequent work: special study
36. **Existence of training information system that tracks by type of worker, training received, and location*: observation by experts (p. 17)**
37. **Existence of competency-based curricula (pre- and in-service)*: observation by experts (p. 16)**

3. Commodities and Logistics

38. Pipeline wastage: administrative and

program records

39. Percent of storage capacity meeting acceptable standards: administrative and program records; expert observation

40. Frequency of stock outs: service statistics, MIS (p. 17)

41. Percentage of service delivery points (SDP) stocked according to plan: administrative and program records

42. Percentage of key personnel trained in contraceptive logistics: administrative and program records

43. Composite indicator for commodities and logistics: Basic elements of logistical management information system (LMIS) in place: service statistics, MIS (p. 17)

4. Information, Education, and Communication

44. Number of communications produced, by type, during a reference period: administrative and program records

45. Number of communications disseminated, by type, during a reference period: administrative and program records

46. Percentage of target audience exposed to program messages, based on respondent recall: special study

47. Percentage of target audience who correctly comprehend a given message: special study

48. Number of contraceptive methods known: survey data (p. 18)

49. Percentage of audience who acquire skill to

complete a certain task as a result of exposure to a specific communication: observation by experts; special study

50. Percentage of target audience exposed to a specific message who report liking it: special study
51. Number/Percentage of target audience who discuss message(s) with others, by type of person: special study
52. Percentage of target audience who advocate family planning practice: special study

5. Research and evaluation

53. Presence of an active research and evaluation unit: administrative and program records; expert observation
54. **Extent of use of a service statistics system: administrative and program records (p. 18)**
55. Conduct of periodic household and/or special purpose surveys and studies: administrative and program records
56. Conduct of operations research (OR): administrative and program records
57. Regular conduct of process evaluation: administrative and program records
58. Conduct of effectiveness, efficiency, and impact evaluations: administrative and program records
59. **Use of research and evaluation results for program modifications: administrative and program records (p. 18)**

60. Dissemination of research and evaluation results: administrative and program records

C. Family planning service outputs

1. Accessibility

61. Number of SDPs located within a fixed distance or travel time of a given location (i.e., service density): administrative and program records; survey data; service statistics; MIS (p. 19)

62. Cost of one-month supply of contraceptives as a percentage of monthly wages: service statistics; special study (p. 21)

63. Restrictive program policies on contraceptive choice: official government documents

64. Percentage of the target population who know at least one source of contraceptive services/supplies: survey data (p. 18)

65. Percentage of non-use related to psychosocial barriers: special study

2. Quality of care

66. Number of contraceptive methods available at a specific SDP: observation by experts; special study (p. 21)

67. Percentage of counseling sessions with new acceptors in which provider discusses all methods: observation by experts; survey data

(p.22)

68. Percentage of counseling sessions with new acceptors in which provider gives full information on the selected method*: special study; observation by experts (p. 22)

69. Percentage of client visits at which provider shows skill at clinical procedures, including asepsis: observation by experts; survey data (p. 23)

70. Percentage of clients properly screened for contraindications*: special study; observation by experts (p. 22)

71. Percentage of clients reporting "sufficient time" with provider: special study; survey data

72. Percentage of clients informed of timing and sources for resupply/ revisit: observation by experts; special study (p. 23)

73. Percentage of clients that perceive that hours/days are convenient: observation by experts; special study

3. Program image

74. Number and type of activities to improve the public image of family planning during a reference period: special study

75. Percentage of target population favorable to the (national) family planning program: special study

D. Fertility demand

76. Mean desired family size: survey data (p. 7)

77. Desire for additional children: survey data

78. Wanted status of previous births: survey data (p. 7)

79. Wanted total fertility rate (WTFR): survey data

E. Family planning demand

80. Demand for limiting: survey data (p. 7)

81. Demand for spacing: survey data (p. 7)

82. Total demand (for family planning): survey data

83. Unmet need for family planning: survey data (p. 9)

84. Satisfaction of demand for family planning: Survey data

F. Service utilization

85. Number of visits to service delivery point(s): service statistics; MIS (p. 26)

86. Number of acceptors new to modern contraception: service statistics; MIS (p. 26)

87. Number of acceptors new to the institution: service statistics; MIS

88. Number of new segment acceptors: service statistics; MIS

89. Couple-years of protection (CYP): service statistics (p. 24)

90. Method mix: survey data; service statistics

91. User characteristics: survey data; service statistics

92. Continuation rate: survey data; special study (p. 28)

G. Contraceptive practice

93. Number of current users: survey data

94. Level of ever (past) use: survey data

95. Source of supply (by method): survey data

96. Contraceptive method mix: survey data; service statistics; MIS (p. 27)

97. User characteristics: survey data; service statistics

98. Continuation rates: survey data; special study (p.28)

99. Use failure rates: survey data

H. Indicators to measure fertility impact

1. Fertility level

100. Crude birth rate: survey data; service statistics

101. Age-specific fertility rate (ASFR): survey data (p. 28)

102. Total fertility rate (TFR): survey data (p. 34)

2. Births averted

103. Births averted (by the program): survey data

104. Parity-specific birth rate: survey data

105. Proportion of births above (or below) a specified parity: survey data

106. Proportion of births by women above or below a specified age: survey data

107. Median length of birth interval: survey data; service statistics; MIS (p. 29)

108. Proportion of open or closed birth intervals that are of a specified length or longer: survey data; service statistics; MIS

109. Unwanted total fertility rate (UTFR): survey data

110. Self-sufficiency ratio*: administrative and program records (p. 36)

II. Indicators for Reproductive Health and Program Evaluation

Final Report of the Subcommittee on Adolescents

A. Policy

111. Dissemination of policy analyses on adolescent reproductive health issues: administrative and program records

112. Number of awareness-raising events targeted to leaders: administrative and program records

113. Existence of government policies, programs, or laws favorable to adolescent reproductive health: official government documents (p. 11)

114. Absence of restrictions on adolescents'

access to services and information: official government documents

115. Existence of reproductive health service guidelines favorable to adolescent reproductive health care: official government documents

B. Functional outputs

116. Proportion of program design and implementation activities in which youth are involved: administrative and program records

117. Effectiveness of coordination between adolescent services and partner organizations: administrative and program records

118. Number/Percentage of staff and volunteers trained to provide adolescent services: administrative and program records

119. Number/Percentage of providers who successfully complete training programs on adolescent reproductive health services: administrative and program records

120. Number/Percentage of schools of medicine, nursing, and/or midwifery with a required adolescent health component of the curriculum: administrative and program records

121. Number of communication outputs disseminated, by type and by audience: administrative and program records

C. Service outputs

122. Number of SDPs serving adolescents that

are located within a fixed distance or travel time of a given location: survey data; special study

123. Quality of content and delivery of life skills education: administrative and program records

D. Service utilization/Program participation

124. Total number of contacts with adolescents: service statistics
125. Number of new adolescent clients: service statistics
126. Proportion of adolescent follow-up contacts: service statistics
127. Volume of specific services provided to adolescents: service statistics
128. Number of contact hours with adolescents: service statistics
129. Number of adolescents receiving a specific service: service statistics
130. Volume of supplies distributed to adolescents: service statistics; MIS
131. Cost per unit of output for adolescents: service statistics; MIS
132. Number/Percentage of adolescent clients referred: service statistics; MIS
133. Percentage of trained adolescents who have competency in specific life planning/ negotiation skills: administrative and program records
134. Percentage of participants competent in communication with adolescents on reproductive health issues: observation by

experts

135. Number/Percentage of adolescent participants who have mastered knowledge of reproductive health concepts: observation by experts

136. Percentage of adolescents who seek advice on key RH program services, with persons whom they trust, during a reference period: special study

137. (Adolescent) Client/Participant characteristics: service statistics

138. Expenses incurred by adolescent users for reproductive health services and/or supplies: service statistics

E. Intermediate Outcomes

1. Exposure to Communication

139. Percentage of adolescents exposed to program messages, based on respondent recall: survey data

140. Percentage of target audience who correctly comprehend a given message: survey data

141. Number/Percentage of target audience who discuss message(s) with others, by type of person: survey data

142. Percentage of target audience who advocate the key message: survey data

2. Knowledge

143. Percentage of adolescents who know of at least one source of information and/or services for sexual and reproductive health: survey data

144. Percentage of adolescents who know of at

least one contraceptive method: survey data

145. Adolescents' knowledge of reproductive health; composite indicator: survey data

3. Attitude

146. Percentage of adolescents who desire pregnancy: survey data

147. Percentage of adolescents who agree with the attitudes promoted in a reproductive health program: survey data

148. Percentage of adolescents not using services because of psychosocial barriers: survey data

149. Percentage of adolescents who intend to use protection at first/next intercourse: survey data

4. Practice/Behavior

150. Age at first intercourse: survey data

151. Percentage of previously sexually active adolescents who abstain from sexual intercourse: survey data

152. Age at first birth: survey data

153. Percentage of adolescents who used protection at first/most recent intercourse: survey data (p. 34)

154. (Adolescent) Contraceptive user and/or non-user characteristics: survey data

155. Unmet need for family planning among adolescents: survey data

156. Percentage of adolescents who have experienced coercive sex: survey data

157. Percentage of women of reproductive age having undergone female circumcision:

survey data

F. Long-term outcomes

1. Fertility

158. Age-specific fertility rate (among adolescent age groups): survey data
159. Proportion of births to adolescent women that are wanted: survey data
160. Median interval between first and second births: survey data
161. Proportion of adolescents' second birth intervals that are of a specific length or longer: survey data

Final Report of the Subcommittee on Breastfeeding

A. Policy

162. Breastfeeding as an element of national family planning programs: official government documents
163. Breastfeeding as an element of national health policies: official government documents
164. Breastfeeding as an element of national labor polices: official government documents
165. Government endorsement of the lactational amenorrhea method (LAM): official government documents
166. National breastfeeding policy and plan: official government documents
167. National breastfeeding coordinator or committee: official government documents

168. National code of marketing: official government documents
169. National participation in the Baby Friendly Hospital Initiative (BFHI): official government documents
170. Infant food sample distribution rate: survey data

B. Quality of Care

171. Existence of written clinical reproductive health/family planning service delivery protocols for breastfeeding women: official government documents
172. Percentage of service delivery points with reproductive health/family planning service delivery protocols for breastfeeding women on site: survey data
173. Percentage of reproductive health/family planning service providers trained to use family planning service delivery protocols for breastfeeding women: survey data
174. Existence of a range of family planning methods appropriate to breastfeeding women at service delivery points (SDPs): survey data; observation by experts
175. Percentage of reproductive health/family planning service providers who know about appropriate contraception for breastfeeding women: special study
176. Percentage of reproductive health/family planning service providers who ascertain whether or not a women is breastfeeding prior to providing contraceptive advice or

methods: observation by experts; special study

177. Discouragement of breastfeeding by health care providers: observation by experts

178. Rooming-in rate: administrative and program records; special study; observation by experts

C. Community-level

179. Community-based counseling: special study

D. Training

180. Percentage of reproductive health/family planning service providers trained in breastfeeding counseling: special study

181. Percentage of trained providers who are knowledgeable and competent in breastfeeding counseling: administrative and program records

182. Availability of breastfeeding training materials: observation by experts

E. Family planning

183. Percentage using lactational amenorrhea method (LAM): special study

184. Percentage of new family planning acceptors currently breastfeeding: service statistics; MIS

F. Information, education, and communication

185. Percentage of target breastfeeding communication products developed and disseminated: survey data

186. Percentage of target audience exposed to

information, education, and communication (IEC) messages on breastfeeding: survey data

G. Breastfeeding rates

187. Exclusive breastfeeding rate (EBR): survey data
188. Predominant breastfeeding rate (PBR): survey data
189. Never breastfed rate: survey data

H. Breastfeeding duration, timing, and frequency

190. Mean duration of breastfeeding: survey data
191. Mean duration of breastfeeding among the breastfed: survey data
192. Continued breastfeeding at 24 months: survey data
193. Breastfeeding lack-of-confidence: survey data
194. Initiation of breastfeeding in the first hour of life: survey data (p. 33)
195. Frequency of breastfeeding in 24 hours: survey data

I. Feeding strategies

196. Timely complementary feeding rate: survey data
197. Percentage using bottles from 0-6 months: survey data

J. Family planning

198. Mean duration of lactational amenorrhea: survey data

199. Contraception among nursing mothers: survey data

K. World Health Organization recommended indicators

200. Exclusive breastfeeding rate in infants up to exact age four months (<120 days): survey data; special study (p. 33)

201. Predominant breastfeeding rate in infants up to exact age four months (<120 days): survey data; special study

202. Rate of timely introduction of complementary foods in infants older than exact age six months but less than exact age 10 months (180-299 days): survey data; special study (p. 33)

203. Continued breastfeeding rate at one year (12-15 months): survey data

204. Continued breastfeeding rate at two years: survey data

Final Report of the Subcommittee on Safe Pregnancy

Maternal health

A. Outputs and outcomes

205. Maternal mortality ratio and rate (MMR): survey data; administrative or program records; service statistics (p. 30)

206. Met need for emergency obstetric care (EmOC): service statistics

207. Admission-to-treatment time interval: percentage of women with obstetrical complications treated within two hours at a health facility: service statistics
208. Time of hospital maternal death from time of admission—measuring access barriers: service statistics
209. Time of hospital maternal death from time of admission—measuring quality of care barriers: service statistics
210. Case fatality rate (CFR)—all complications: records
211. Percentage of deliveries done by cesarean section: service statistics
212. Proportion of women attended at least once during pregnancy by trained personnel for reasons related to the pregnancy: survey data; service statistics (p. 32)
213. Percentage of women having an antenatal care visit during the last month of their most recent pregnancy: survey data
214. Proportion of births attended by trained health personnel: survey data
215. Percentage of women who had symptoms of major obstetric complications during their most recent delivery (according to the place of delivery): survey data
216. Number of facilities providing essential obstetric function (EOF) per 500,000 population: administrative and program records; service statistics; MIS (p.

20)

B. Policy, operations, and community-level outputs

217. Number of public statements made by leaders stating the importance of safe pregnancy: official government documents
218. Existence of a functioning national safe pregnancy committee: official government documents
219. Existence and implementation of a safe pregnancy strategic or operational plan: official government documents
220. Percentage of national health budget allocated/expended on safe pregnancy services: official government documents
221. Absence of unwarranted restrictions on providers: official government documents (p.12)
222. Alarm and transport systems in place: official government documents; expert observation
223. Percentage of all adults knowledgeable about maternal complications of pregnancy and childbirth: survey data
224. Percentage of all adults knowledgeable about neonatal complications: survey data
225. Percentage of all adults with knowledge of the location of essential obstetric services: survey data
226. Percentage of women of reproductive age with knowledge of the location of essential obstetric services, and intent to use these services if needed: survey data

227. Percentage of women of reproductive age who are able to autonomously seek essential obstetric functions during their pregnancy, childbirth, and newborn period: special study

228. Percentage of women who identify significant community-level barriers to seeking antenatal, delivery, and/or postpartum care: special study

NEWBORN HEALTH

A. OUTCOMES AND OUTPUTS

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About the POPTECH Series

POPTECH provides consulting support to USAID on designs and evaluations of USAID-funded population and reproductive health projects. The POPTECH Tool Series is comprised of several analytical "tools" designed to support and enhance the expertise of POPTECH consultants, promote consistency and quality across reports, and provide assistance to the Global Bureau and Mission Staff. These tools include checklists and papers that focus on issues central to the design and evaluation of family planning and reproductive health

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